

LOCAL AGENCY _____ CORROSION PROTECTION MONITORING FORM

Questions on how to complete this form should be directed to _____ at () _____

Facility Information	Cathodic Protection Tester Information
Facility Name:	Person Conducting Test:
Address:	Name of Testing Company:
City, County, Zip Code:	Address:
Facility ID Number:	City, State, Zip Code:
CP System: Galvanic or Impressed Current (<i>Circle One</i>)	Phone Number:

Owner Information	General Information
Owner:	Date of Testing:
Address:	Temperature:
City, State, Zip Code:	Weather Conditions:
Phone Number:	Soil Conditions:

A qualified cathodic protection tester must test all UST systems equipped with cathodic protection systems for proper operation within 6 months of installation or repair of any portion of the UST system, and at least every 3 years thereafter. This form is designed to document these tests. Please use photocopies of the appropriate pages if you have more than 4 tanks at one location. This form must be kept on file for at least 6½ years.

UST owners and operators must also inspect IMPRESSED CURRENT cathodic protection systems every 60 days to ensure equipment is operating properly. This form is not designed to document these inspections. Instead, a logbook should be maintained to document the time, date, inspector, and results of these inspections.

In the space below, sketch the important parts of the facility (tanks, manways, fill pipes, tank monitor, vapor recovery connections, piping, vents, anodes, pump islands, buildings, etc.). Indicate reference cell locations using location code "R" and sequential numbers (e.g., R1, R2, etc.) and structure contact points using the location code "S" and sequential numbers (e.g., S1, S2, etc.). Include tank sizes and type of product stored. Use these letter and number designations in the tables on the following pages to indicate reference cell locations and structure contact locations used for each measurement.